

BRIEF PSYCHOLOGICAL INTERVENTIONS IN PRACTICE

By: A. Williamson

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This is a well grounded, short manual in paperback about conducting brief psychological interventions in general medical practice for those patients presenting with anxiety/depression. Its down to earth wisdom arises from the author's open-minded pursuit of training in medicine, hypnosis, neurolinguistic programming (NLP) and, I can divulge, Reiki, along with an eclectic range of workshops in psychotherapy including brief therapy. It is informed by more than thirty years of learning including personal workshop instruction, is written from the hindsight of retirement, and is without marketing ambitions or spin. The appendices are full of useful material made freely available, save the modest price of the book. (See also www.annwilliamson.co.uk.)

The book is a good read, plainly written, refreshingly free of jargon and babble, and conversational in tone. The opening paragraph conveys this:

The most common mental health problems are, as you might expect, anxiety and depression: panic disorder is less common but very disabling to those that suffer from it. Everyone experiences difficulties in life from time to time but, as I will show later, many people feel unable to access skills that would enable them to face life with a greater degree of resilience. When they start to feel anxious or depressed, they often consult a health professional and expect 'treatment'. I hope to show that this 'medicalisation' of feelings is counterproductive and breeds dependency rather than self-reliance. (p.1)

Then in Chapter 6, 'Identity or behaviour',

Emotional states don't just arise out of thin air – we create them by thinking and behaving in certain ways. If you can lead clients to think that they are just *doing* depression for a while then this is a much more dynamic state of affairs. (p.63)

Each chapter is divided into sections of up to about five paragraphs, as suits the tempo of our times. To give a flavour of the book, the Introduction is structured as follows: the background; prevalence of the problem; the biosocial perspective; to treat or not to treat?; medication the way forward?; what are the alternatives? Chapter 1, which is titled 'GP or therapist – or both?' has the following structure: the western medical model; pathologizing emotions; the first steps; applicability of the medical model; problems with being a therapist; setting the contract; selection; onward referral; disengagement; relapse; time constraints; summary. Then follows Chapter 2 titled, 'Problem- or solution-based?'.

The author's feet on the ground approach is conveyed in asides where she notes that the controversial Bandler and Grinder, who by training respectively were a mathematician and linguist, began pragmatically by examining the most successful therapists of their time for their interventions and interactions, went on to deconstruct them, and so created and successfully marketed NLP.

Opinion is made plain: 'Personally I find that William O'Hanlon's solution-oriented hypnosis approach melds brief solution focus work with hypnosis in a very effective way (O'Hanlon and Martin, 1992)' (p.24).

The difficulties in establishing scientific proof are highlighted: on Random Controlled Trials (RCTs) 'Standardisation of therapy gives poorer results and undermines the therapeutic alliance (Castonguay et al., 1996) and it has been shown that using psychodynamic therapy following a manual gave poorer results (Henry et al., 1993) than when practiced without. So in many ways RCTs are inadequate for empirically validating psychotherapy as practiced in reality' (p.25).

Along with the importance of skilled training: 'Glenys Parry, Professor in Applied Psychological Therapies at Sheffield University, has stated "most psychological therapy in the NHS is pragmatic and eclectic. If delivered by skilled therapists this is based on sound psychological principles and flexibly tailored to the individual's needs . . . By their very nature, randomized trials deprive clients of choice . . . research evidence of efficacy does not guarantee delivery of clinically effective therapies"' (p.25).

The reader is guided stage by stage in successive chapters: 3, How do we 'think'?; 4, Building rapport; 5, Goal setting; 6, Identity or behaviour?; 7, Cognitive disorders; 8, Seeding ideas; 9, Reframing; 10, Pattern: how? Rather than why?; 11, What if?; and 12, Anchors and anchoring. These are followed by applications – dealing with anger, building self-esteem, relationship problems, resolving trauma and guilt, grief, and psychosomatic problems.

All hypnotherapists, not only psychotherapists in general medical practice, will be refreshed and guided by this book; go out and buy it.

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